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THE JEWISH FAMILY AND CHILDREN'S SERVICE
ITS STRUCTURE AND FUNCTION AS SEEN THROUGH THE STUDY
OF CASES PRESENTED AT INTAKE CONFERENCE BETWEEN
AUGUST AND DECEMBER, 1946.

A Thesis

Submitted by

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CHAPTER I

PURPOSE, SCOPE, AND METHOD OF STUDY

Purpose of Study

The writer proposes to examine the structure, function, and scope of the Jewish Family and Children's Service at the present time for the purpose of setting forth, in proper perspective, the position of this social agency giving service to the Jewish community in the Greater Boston area.

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Scope of Study

Because we cannot wholly understand the present without the illumination of the past, the writer chooses to precede the description of the Jewish Family and Children's Service with a brief discussion of the scope and character of Jewish Social Work, leading into a discussion of its growth and development in Boston. The development of the

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CHAPTER I

PURPOSE, SCOPE, AND METHOD OF STUDY

Purpose of Study

The writer proposes to examine the structure, function, and scope of the Jewish Family and Children's Service at the present time for the purpose of setting forth, in proper perspective, the keystone social agency giving service to the Jewish community in the Greater Boston area.

It is hoped that the material presented through the case method study of research, with statistics to show appropriate quantitative data, will demonstrate the means by which the Jewish Family and Children's Service attempts to meet community needs as expressed by the client, who is the conditioning agent of the structure and function of the social agency which is an integral and indispensable part of its setting.

Scope of Study

Because we cannot wholly understand the present without the illumination of the past, the writer chooses to precede the description of the Jewish Family and Children's Service with a brief discussion of the whys and wherefores of Jewish Social Work, leading into a discussion of its growth and development in Boston. The development of the

Jewish Family and Children's Service will be separately discussed and this discussion will culminate in an exposition of the agency at the present time.

The structure and function of the agency will be discussed in terms of the nature of case situations referred: their source, the basis for their referral, the disposition of the case, and the relationship between the Jewish Family and Children's Service and other agencies in the community. The fifty-five cases presented at Intake Conference between August 8, 1946 (the date of the first conference) and December 26, 1946 will be analysed for the purpose of illustrating what has been described. The Intake Conference will be defined in its proper place in the structure of the agency.

Method of Study

The number of conferences used in this study is limited to fourteen held between August 8 and December 26 because it was felt that the number of cases presented therein best lent itself to a study of this type, considering such factors as statistical treatment and representativeness of case situation.

Nine cases selectively chosen, will be studied more intensively for the purpose of further clarifying the preceding material.

The sources of data for this study include the minutes of the Intake Conferences and case records. Historical data was obtained from reports, articles, and studies.

CHAPTER II

JEWISH SOCIAL WORK

The Concept of Social Work

The concept of social work which is, simply stated, a concern with helping to plan a world in which social and economic security and social relationships are as complete and as satisfying as possible, derives from the religious tenet with which all democratic processes are impregnated--namely, the worth of the human soul or the significance of the individual in society. We are interested here in the Hebrew culture, but it is important to remember, as is pointed out by George W. Rabinoff in his article on "Jewish Social Work" in the Social Work Year Book of 1945, that Roman society, too, historically emphasized ideals and systems of social justice, that Greek society emphasized love of truth and freedom of thought and expression, and that Christian culture emphasized love of one's neighbor and the value of the soul.

Jewish Social Work

Jewish social work, by which we mean concern by this sectarian group with helping to plan a world in which social and economic security and social relationships are as complete and satisfying as possible, has Biblical and sociological backgrounds. Jewish law places upon the representatives of

the community the responsibility for the moral and material welfare of those dependent upon the help of others. The Bible withholds from the owner of the field the right to reap the harvest of the corners of the field and assigns it to the poor and to the stranger.¹ These provisions have made charity and charitable acts a living guide and a daily practice of the Jewish people.

Throughout the ages the Jews have felt the welfare of their group to be intrinsically interwoven with the welfare of the individual. Always Jews have been forced to except little support outside of their own group. The Jewish people have experienced persecution, forcing them to fight and flee, in almost every part of the universe: Palestine, Egypt, Russia, Poland, Germany, Austria, Hungary, Roumania -- all are settings within which the Jew has been forced, at some time in history, to seek and to find help and support within and through his own group. Though practices have been adapted to changing circumstances throughout the ages, the tradition of the formation and self-sufficiency of the Jewish community have persisted to a certain degree almost until the present time. A man's culture, as part of him, does not remain behind him, and so when the Jews first came to the United States, welfare systems for the needs of their people were

1 Leviticus XXIII,22

set up. The organization of sectarian welfare agencies was a perpetuation of a pattern forced upon the Jewish people throughout their history. Because the synagogue was the meeting place of the leaders of the community, we find that the synagogue was the first relief agency.

As the number of Jewish settlers in the American colonies increased, other needs became manifest, and were met. Following the Revolutionary War, orphanages were established; in the middle 1800's hospitals were started; and in the 1870's the congregational ladies aid societies, which had been formed originally about the synagogues and temples, under the impetus of the charity organization movement throughout the country, combined into the United Hebrew Charities.

In 1881, when the great wave of immigration following the oppression of the minority groups throughout Europe began, the Jewish population in the United States was about 250,000. Some of the problems presenting themselves concurrently with immigration were: the need for temporary shelter, loans, transportation of immigrants to places of employment, the training of immigrants in handicraft and agricultural work, and the establishment of special schools and workshops for promoting such instruction. Instruction in the English language and preparation for citizenship and cooperation with already existing agencies in various sections of the country

that furnished relief, maintenance, and education for the needy and deserving applicants were other needs manifest at this time. Today, the Jewish population is about 5,000,000, about one half of this group being due to immigration, and the other half being explained by natural increase. Jewish social work has grown proportionately until today it represents a complex structure thoroughly intergrated with the American scene.

Jewish Social Work in Boston

Because the first Jewish federation in this country, the Federated Charities, was established in Boston in 1895, we shall trace Jewish social work from that point on as it developed in Boston, for what happened in this city is representative of what was happening in other urban communities in the United States. It is interesting to note at this point, as pointed out by George W. Rabinoff in his article on "Jewish Social Work" in the 1945 Social Work Year Book, that in 1945 one half of the entire American Jewish population lived in New York City and that an additional one quarter of the Jewish population lived in only twelve other cities. Jewish social work, therefore, has obviously been conditioned in its development by this urban ratio.

When the Federated Jewish Charities came into existance in 1895, it comprised the following organizations:

the United Hebrew Benevolent Society, the Women's Sewing Society, the Leopold Morse Home, the Sheltering Home, the Free Employment Bureau, and the Free Burial Society. These societies encompassed the entire life of the individual, from childhood to death, in the services they were set up to offer: providing for the care and education of the orphan, shelter for the immigrant, food and clothing for the poor, employment for the unemployed, a home for those in their old age, and a society providing for free burial.

The emphasis in helping those who were without jobs and money was, and is, in assisting them to train for and secure employment, rather than the stimulation and perpetuation of a dependent group.

The Federation was based upon the plan of the United States Government, giving each organization autonomous rights over its own institution, and each retaining its identity within the Federation. The objects of the Federation were stated as follows:

"1. To secure the harmonious action of the different Jewish charities by establishing a central Bureau for the reception and registration of all applicants for relief.

2. To place the results of such investigations at the disposal of the members.

3. To provide means for furthering the charitable

work of its members and for such other purposes as will tend to raise the needy beyond the need of relief."²

To highlight the growth and development of this Federation which has been, since 1928, called the Associated Jewish Philanthropies (the new name connotating a change in philosophy and method), I should like to enumerate, at this point the Boston Jewish Agencies, including, when known and appropriate, their dates of inception. They are as follows: Benoth Israel Sheltering Home, 1891; Beth Israel Hospital; Boston Young Men's Hebrew Association, 1882; Bureau of Jewish Education; Hebrew Teachers College, 1921; Camp Chebaco, 1929; Camp Country Week, 1917; Hebrew Free Burial Association; Hebrew Free Loan Society of Boston, 1912; Hecht House; Jewish Big Brother Association; Jewish Centers Association of Greater Boston, 1945; Jewish Community Center, 1946; Jewish Family and Children's Service; Camp Kingswood, 1946; Jewish Memorial Hospital; Jewish Vocational Aid Society; Jewish Vocational Service of Greater Boston, 1946; Ladies' Helping Hand Home for Jewish children; Rabbinical Pension Fund; United Moeth Chitim Association; Jewish Community Council of Metropolitan Boston, 1943; Committee for Support of Jewish Traditional Institutions, 1944; and the Boston Committee for Refugees, 1934.³

2 Abraham P. Spitz, Our Associated Charities (1895),
p. 2

3 Greater Boston Combined Jewish Appeal Year Book,
1946.

The writer should like to describe two major changes which took place in the organization of the Federation. The year 1918 marked the inauguration of the District Service plan. This plan was based on the assumption that the Federation representing the whole community ought to concern itself with all the needs of the community and should set up some sort of administrative body which could make this possible. The needs of the community were classified under five larger divisions: relief, children, health, social morals, and industry. In order to insure maximum coordination and at the same time a minimum number of contacts between the philanthropic community and the family, the plan provided for a union of the organization on a geographic basis. Seven districts were established in the seven distinctly Jewish sections in Boston and a social worker, who was to come in contact with every family in her district where a need for community aid had arisen, regardless of what that need might be, such a worker was put at the head of each district. We can see that the District Service Plan introduced the idea of a general practitioner as a result of its desire to save the dependent family from a multitude of contacts. Although the various agencies within the Federation were to preserve their legal identity, they were to function through the General District Worker who was the intermediary between the needs of the people in the neighborhood and the existing social agencies in the city.

This plan failed to work out satisfactorily for several reasons:

1. The agencies could not limit their intake and had to meet indiscriminately all of the needs of the Jewish clients. This brought confusion into the understanding of the function of the agency.

2. From the recreational point of view the district houses were not large enough to meet the need.

3. From the case work point of view, this plan did not coincide with the trend towards specialization of function and activity with treatment on a case work basis.

In 1930, as a result of the Jewish Communal Survey, this plan was abandoned. The recreational functions of the District Service were turned over to the neighborhood houses and the organization emerged as a family agency with a more clearly defined function and with a greater emphasis on more intensive case work on an individual basis. Other important developments, to be more fully described in the following chapter, also occurred at this time.

We realize from the preceeding discussion, if we think in terms of the process of growth and development in the entire field of social work during this time, that the trend among Jewish social agencies was to parallel general community-wide agencies in standards and development. From pride in "self-

sufficiency", the Jewish social work community came to realize that the chief function of all voluntary social work is to supplement governmental services and to provide for those needs of the individual in adjusting to society which are not otherwise met and which fall within the framework of the field of social work.

In 1945, the Jewish Family and Children's Service was formed as the result of the merger of the Jewish Family Welfare Association and the Jewish Child Welfare Association. The purpose of the merger was to provide a more unified and efficient service to the Jewish community in the field of social work. The merger was a result of the recognition that the Jewish community needed a more unified and efficient service to meet its social work needs.

The Jewish Family and Children's Service

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CHAPTER III

THE JEWISH FAMILY AND CHILDREN'S SERVICE

The backdrop having been set by the preceding discussion of the historical Jewish social work community, the writer feels it pertinent to discuss at this time the historical development of the Jewish Family and Children's Service, briefly, and then to describe more fully the present structure of the agency.

In 1946, the Jewish Family and Children's Service was formed as the result of the merger of the Jewish Family Welfare Association and the Jewish Child Welfare Association. The actuality of the merger and the new name by which the agency is now known reflect the response of the Jewish social agency to the changing concepts in the field of social work as interwoven with the needs of the community it services.

The Jewish Family Welfare Association

In CHAPTER II, we discussed the emergence of the family agency, as such, in 1930 as a result of the study of the functioning of the District Service Plan. By this time, the need for trained workers had long been recognized and the emphasis of the agency had matured from a concern only with economic problems, per se, to a concern with the emotional as well as with the environmental needs of the client. This interest had followed naturally from the national Mental Hygiene

movement following World War I. Another factor aiding the growth of the Jewish Family Welfare Association was the taking over of the giving of relief by the public welfare agencies in the 1930's.

"Service" rather than "relief" became the function of the Jewish Family Welfare Association and trained professional people brought to their jobs knowledge, philosophy, and techniques enabling them to understand and to deal with the problems of the family as the complex of social relationships between children, adults, adolescents, young married couples, and the aged.

The Jewish Child Welfare Association

Gordon Hamilton's discussion in the Theory and Practice of Social Case Work on child welfare is descriptive of the development of the child welfare movement in the Jewish agencies here in Boston.

"The child welfare program began in modern times with institutional care, often under sectarian auspices. Children were taken out of the general alm houses and work houses and placed in orphanages. When the innovation of taking crowds of children from the city streets of eastern cities and placing them on farms west of the Mississippi was started, another corner was turned. When the practice of the indenture of children ceased and the placing of children in free instead of wage homes began, a milestone was passed. When the movement to pay board for placed out children became widespread, the treatment of children made startling advances. Meanwhile the care of children at home through allowances was also moving slowly forward. Allowances

for board and allowances for children in their own homes were becoming more nearly adequate and the basic philosophy underlying allowances for children was the same. Whereas children earlier had been removed from their homes because of destitution, the program for economic security was now gaining ground. While an earlier doctrine had assumed that the sins of the fathers should be visited on the children, so that if a parent were alcoholic or non-supporting the home was refused relief, a more scientific approach to problems of behavior was suggesting less rigid relief policies. With security as an economic and psychological value, preventive care began to be emphasized and tended to slow down the ill-considered and wholesale removal of children. The entire range of social program-assistance, insurance, wages and hours legislation, control of child labor, health and recreation, meant that children increasingly might be kept at home under reasonable safeguards, but it also became clear when the disturbance was not economic, but lay in affectional relationships, programs of foster care must be available."

The Jewish Child Welfare Association evolved in a similar manner. In 1911, the Leopold Morse Home and the Helping Hand Home combined to form the Home for Jewish Children, a specialized agency to care for Jewish children away from home. One of the major child welfare recommendations of the Jewish Communal Survey in 1930 was that the institution be closed and that a single agency be set up to deal with all matters pertaining to child welfare. The Jewish Child Welfare Association, an up-to-date child placing association, was established and all child welfare services within the Associated Jewish Philanthropies were consolidated into this newly formed agency. The home was closed in March, 1934.

Mary Richmond once said, "Social work may be defined as the art of doing things for and with different people by cooperating with them to achieve at once and the same time their own and society's betterment."¹ It is not surprising, therefore, if we accept the fact that the focal points around which the case work idea to date has most developed are those of relief giving and child placing, that the Jewish Family Welfare Association should feel that they could most efficiently and skillfully meet the needs of their community through a merging of their assets and resources and a unified, but diversified, structure.

The Jewish Family and Children's Service:

The purpose of the Jewish Family and Children's Service as quoted in the 1946 edition of The Combined Appeal Year Book is given as follows:

"to restore and maintain normal, happy family life; to prevent breakdowns of families and individuals by helping them to build up their morale, health, and economic stability."

In carrying out the above purpose, situations involving the following life situations are met and treated: financial, marital and other family difficulties, consultation and advice regarding employment, court referrals of children for follow up study, and supervision, guidance of children and adolescents,

1 Mary Richmond, The Long View, p. 374.

household management, medical resources, and personality difficulties.

Other situations needing help and understanding are: mental deficiency, neurotic personality tendencies, physical illness and its emotional components, potential or acute mental illness, alcoholism, parental rejection of children, and so on, almost ad infinitum. All of these factors express a need for skilled help in the basic areas of normal family, personal, and social relationships.

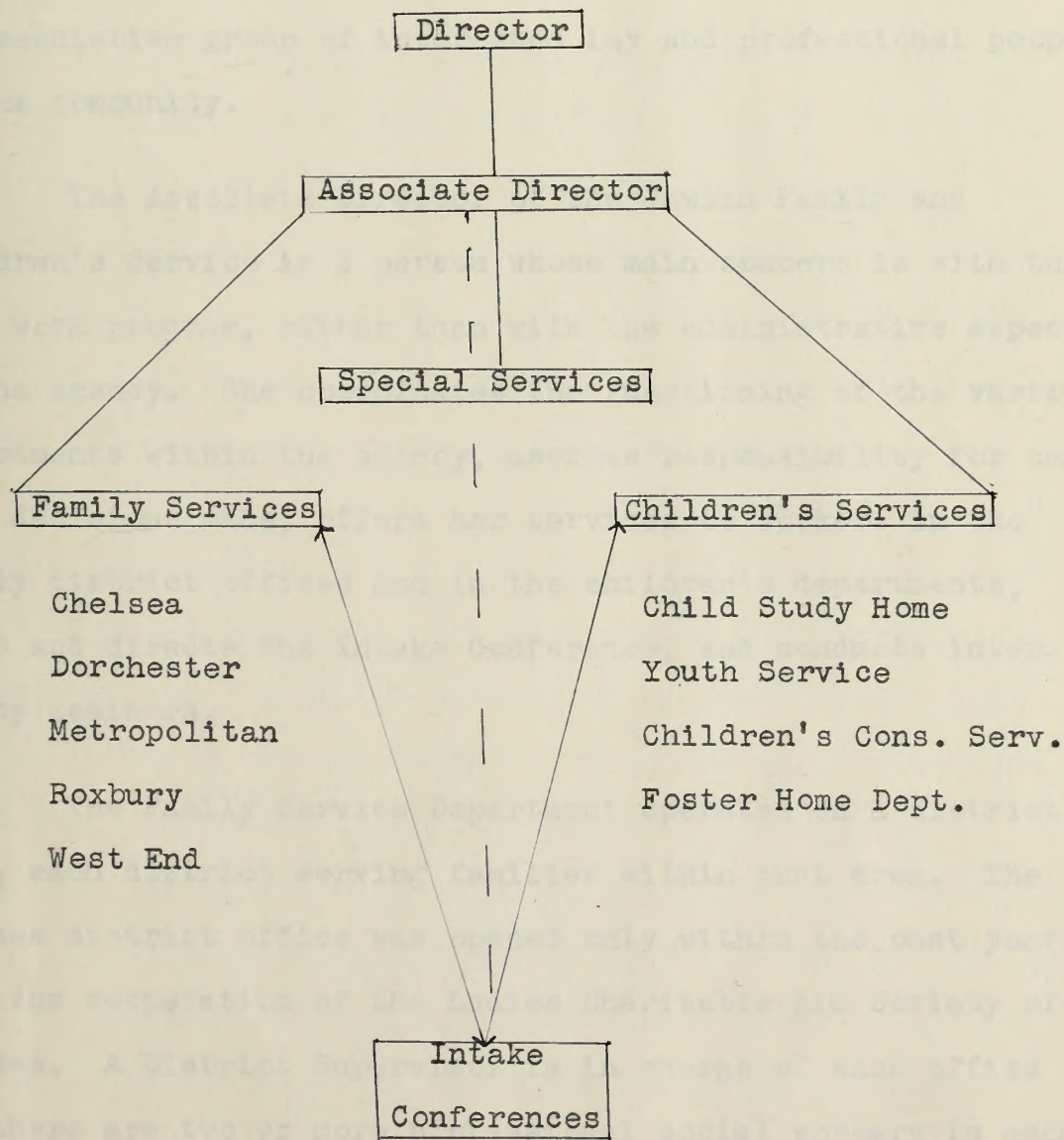
The primary objective is to modify attitudes and to encourage the development of initiative, independence and self-adjustment in clients through the use of the case work interview, information and aid in using community resources, and material assistance when valid on a case work basis.

What is the structure of the agency which in the performance of its function, in 1945, helped 1204 Jewish families (234 of which received financial aid), provided 53,396 days care to 148 children, and summer camp opportunities for five hundred children.²

2 Greater Boston Combined Jewish Appeal Year Book, 1946

DIAGRAM I

STRUCTURE OF THE JEWISH FAMILY AND CHILDREN'S SERVICES



From this diagram, certain factors became evident. The Director is the administrative head of the agency. The job of this executive is to determine the policies of the agency and to relate the work of the Jewish Family and Children's Service to the work of other community agencies. The Director works in cooperation with a Board of Directors, consisting of a representative group of interested lay and professional people in the community.

The Associate Director of the Jewish Family and Children's Service is a person whose main concern is with the case work program, rather than with the administrative aspects, of the agency. She coordinates the functioning of the various departments within the agency, assumes responsibility for case work decisions made, offers her services to workers in the family district offices and in the children's departments, leads and directs the Intake Conference, and conducts inter-agency seminars.

The Family Service Department operates on a district plan, each district serving families within that area. The Chelsea district office was opened only within the past year with the cooperation of the Ladies Charitable Aid Society of Chelsea. A District Supervisor is in charge of each office and there are two or more professional social workers in each district.

The Children's Services are divided into three departments. For the purpose of simplification, The Child Study Home was included among these on the diagram.

1. The Foster Home Department assumes responsibility for those case situations in which the problem revolves about the placement and supervision of a child in a foster home.

2. The Children's Consultation Service assumes responsibility for those case situations in which the problem revolves about the child (under fifteen years of age) in the family constellation and in which the treatment plan is focused on the child. In almost all situations the parents of the child are also a part of the treatment plan and have regular contact with a social worker in this department. All unmarried mothers are referred to this department. If and when the baby is placed by the Jewish Family and Children's Service, the child is supervised in the foster home by the Foster Home Department, and the mother continues her contact with the Children's Consultation Service worker. In such situations, there is a continuous flow of information between the Children's Consultation Service and the Foster Home Department.

3. Youth Service is a special department set up to treat the problems of the adolescent (over fifteen and under twenty-one years) whose difficulties lie frequently in the sphere of vocational and educational guidance and in the achievement of independence as a mature individual.

The Child Study Home is, as its name implies, a selective environment in which girls, up to the age of twelve, and boys, up to the age of ten, may live for a limited period of time so that their total personalities might be studied and an expedient plan (that is, foster home placement, school placement, return to family) made for them. This home is used by both the Family and the Children's Services and the child is "seen" by the case worker making referral.

The Special Services Department is one which deals, for the most part, with the case work problems of the ages, the chronically ill, and the single middle aged man and woman, whose difficulties are equally, if not more disturbing as those of persons living in a family constellation.

In addition to the services mentioned, the Jewish Family and Children's Service maintains an adoption service (the community aspects of which are handled by the Executive Director and the case work aspects by a senior case worker), a Bureau of Home Economics providing nutritional and budgetary services, a Camping Department (comprising three camps), and an agency doctor, lawyer, court representative, and facilities for psychiatric consultation.

At this point, the writer feels that it is timely to discuss the purpose of the Intake Conference. However, before doing this, there are several appropriate statements about

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The Special Services Department is one which deals, for the most part, with the case work problems of the aged, the chronically ill, and the single child aged ten and under, whose difficulties are usually, if not more disturbing as those of persons living in a family constellation.

In addition to the services mentioned, the Jewish Family and Children's Service maintains an adoption service (the community aspects of which are handled by the Executive Director and the case work aspects by a senior case worker), a Bureau of Home Economics providing nutritional and budgetary services, a Campaign Department (comprising three camps), and an agency doctor, lawyer, youth representative, and facilities for psychiatric consultation.

At this point, the writer feels that it is timely to discuss the purpose of the Intake Conference. However, before doing this, there are several appropriate statements about

intake, in general, at the Jewish Family and Children's Service which ought to be made:

1. The Jewish Family and Children's Service has an agreement with other children's agencies wherein it cares only for children whose mothers are Jewish because the Jewish law decrees that the religion of the child follow that of the mother. In situations where the mother is non-Jewish, the Jewish Family and Children's Service would enter the situation only if the non-sectarian agency would refuse the case or if the mother herself specifically desired the child to be brought up as a Jew. In these instances, the other agency would have to waive all responsibility.

2. There is no central intake system. Each part of the agency handles the intake which seems, on the basis of preliminary information obtained, to lie within its function. At any time it appears that the problem can best be handled in a part of the agency other than the service which is handling the case, the case is transferred to the appropriate service. If the question of transfer is obtuse, rather than clear cut, the case is first presented at Intake Conference.

Therefore, the purpose of the Intake Conferences is to present to the staff representatives of the Family and Children's Services those cases presenting significant questions for discussion concerning the assignment of these cases.

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2. There is no central intake system. Each part of the agency handles the intake which seems, on the basis of preliminary information obtained, to be within its function. At any time it appears that the problem can best be handled in a part of the agency other than the service which is handling the case, the case is transferred to the appropriate service. If the question of transfer is obvious, rather than clear cut, the case is first presented at intake conference.

Therefore, the purpose of the intake conference is to present to the staff representatives of the Family and Children's Service those cases presenting significant questions for discussion concerning the assignment of these cases.

Because the Children's Services were organized in their present form in 1946 and because their inception brought about concomitant changes in the Family Service, another purpose of the Intake Conference is to gather material which will test, prove valid, and/or help to modify the basis of organization.

The Intake Conferences are "led" by the Case Consultant (Associate Director), who, in her position, is familiar with the total structure of the agency. These conferences are still being held approximately every other week. The following chapter will include a more detailed discussion of these conferences. That the basic goal of all social agencies ought to be to meet the needs of the community in the present and to attempt to minimize the perpetuation of unfulfilled needs (not discordant with societal forces) in the future is an acknowledged fact. The present structure of the Jewish Family and Children's Service is the proof of the case work concept which accepts the fact that the needs of the client must shape the function and scope of the agency.

Because the Children's Services were organized in their present form in 1945 and because their inception brought about considerable changes in the family service, another purpose of the Inmate Conference is to gather material which will, if possible, help to modify the basis of organization.

The Inmate Conference was "led" by the Case Consultant (Associate Director), who, in her position, is familiar with the total structure of the agency. These conferences are still being held approximately every other week. The following chapter will include a more detailed discussion of these conferences. That the basis of all social activities ought to be to meet the needs of the community in the present and to attempt to minimize the perpetuation of unmet needs (and discordant with social forces) in the future is an acknowledged fact. The present structure of the Jewish Family and Children's Service is the result of the same work concept which accepts the fact that the needs of the client must shape the function and scope of the agency.

CHAPTER IV

ANALYSIS OF CASES PRESENTED AT INTAKE CONFERENCES

The fifty-five cases presented at Intake Conference from August 8 to December 26, 1946, are typical of the case situations "flowing through" the structure of the Jewish Family and Children's Service. The purpose of each case presentation was to obtain the thinking of a representative group within the agency concerning the department or departments which might best serve the needs of the client. In some instances, actual treatment plans were arrived at through group thought and discussion; in all situations, an attempt was made to isolate the curative dynamic.

Before discussing these situations, the writer should like to present certain factual data which will clarify the constellation of which these case situations were a part. The professional staff of the Jewish Family and Children's Service consists of approximately twenty-five persons at the present time. (If not for the emergency caused by the war, the number would be larger). The secretarial staff consists of about ten persons. The average intake from August through December was approximately seventy cases per month. About twelve additional situations, classified as "No Case Made" were also known to the Jewish Family and Children's Service during this five month period. The average case load carried "Open" throughout the agency for this same period was approximately six hundred

CHAPTER IV

ANALYSIS OF CASES PRESENTED AT INTAKE CONFERENCE

The fifty-five cases presented at intake conference from August 8 to December 15, 1945, are typical of the intake situation "tension through" the atmosphere of the Jewish Family and Children's Service. The purpose of each case presentation was to obtain the thinking of a representative group within the agency concerning the development of interventions which might best serve the needs of the client. In some instances, specific treatment plans were devised at intake group therapy and discussion; in all instances, an attempt was made to isolate the curative dynamic.

Before discussing these situations, the writer should like to present certain factual data which will clarify the constellation of which these case situations were a part. The professional staff of the Jewish Family and Children's Service consists of approximately twenty-five persons at the present time. (It had for the emergency caused by the war, the number would be larger). The secretarial staff consists of about ten persons. The average intake from August through December was approximately seventy cases per month. About twenty additional situations, classified as "the case notes" were also known to the Jewish Family and Children's Service during this five month period. The average case load carried "open" throughout the agency for this same period was approximately six hundred

and eight cases. About seventy-five per cent of these case situations were "active" in addition to being "open".

Of the fifty-five cases presented at Intake Conference during this period of time, forty-eight cases were presented once, six cases were presented at two different intake conferences, and one case was presented three times. These seven cases were presented more than once for one of two reasons: for "follow-up" or because new factors in the situation became evident.

Diagram II shows that of the fifty-five cases presented at Intake Conference, thirty-two (or 58.18 per cent) of these case situations were known to the agency, the reason for their presentation being for the most part to secure an orientation to the situation within the framework of the new services. Twenty-three (or 41.82 per cent) of the cases presented were new case situations, recently referred to the agency for service. These figures would seem to indicate that the agency's service to (and working relationships with) its clients is of a caliber which encourages them to return for further help when needed. Another observation is that the agency is well known in the community and is reaching persons, either previously unaware of or not in need of the services of the Jewish Family and Children's Service.

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known in the community and its teaching persons, either pro-
visionary members or not in need of the services of the Jewish
Family and Children's Service.

DIAGRAM II

RELATION OF NEW AND REOPENED SITUATIONS TO TOTAL CASES

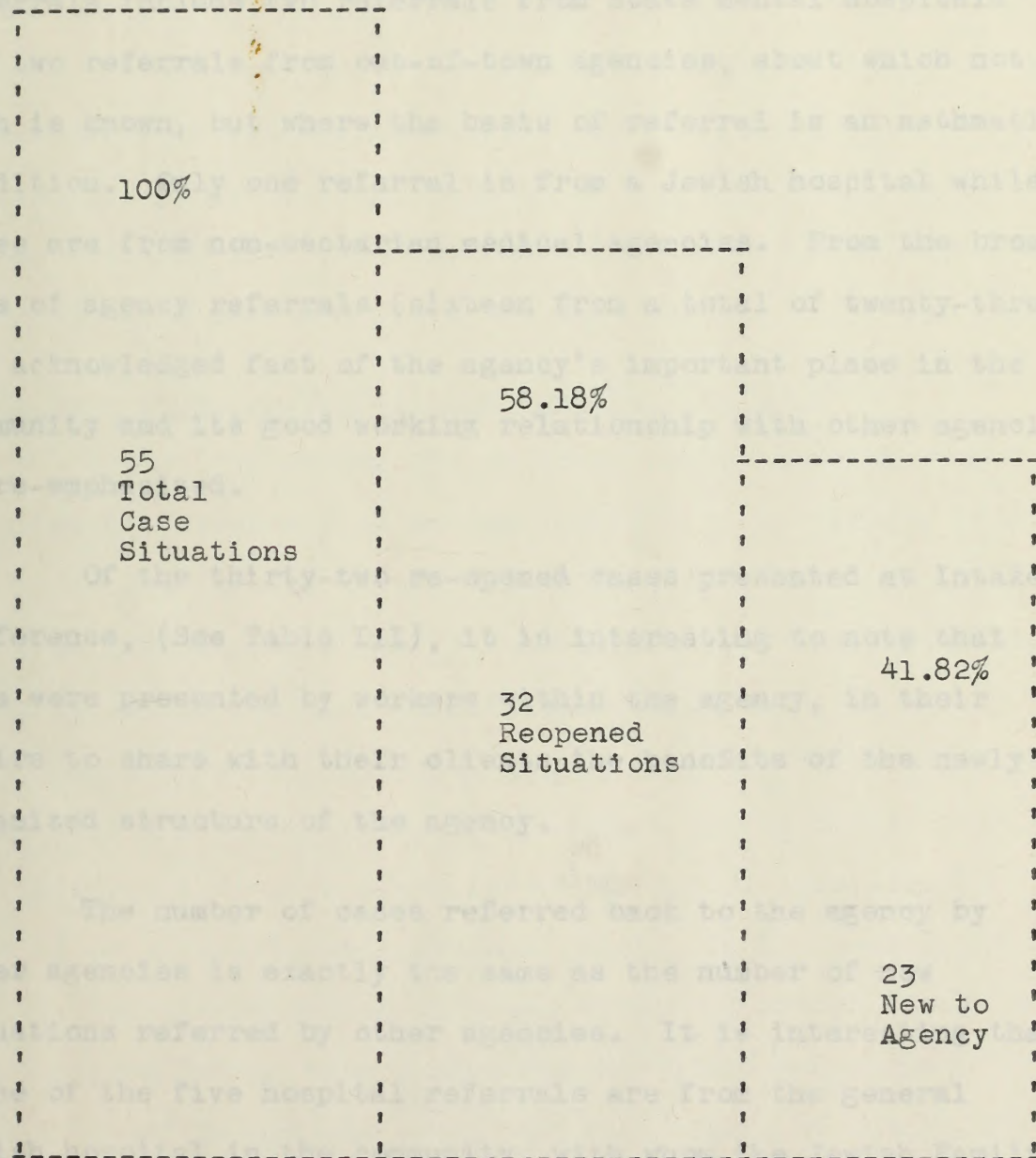


TABLE II

RELATION OF NEW AND RECOVERED SITUATIONS TO TOTAL CASES

New to Agency	Recovered Situations	Total Case Situations
41.82%	58.18%	100%

Table I attempts to show "how" the twenty-three new case situations came to the agency. The eight health agency referrals include two referrals from state mental hospitals and two referrals from out-of-town agencies, about which not much is known, but where the basis of referral is an asthmatic condition. Only one referral is from a Jewish hospital while three are from non-sectarian medical agencies. From the broad base of agency referrals (sixteen from a total of twenty-three), the acknowledged fact of the agency's important place in the community and its good working relationship with other agencies is re-emphasized.

Of the thirty-two re-opened cases presented at Intake Conference, (See Table III), it is interesting to note that nine were presented by workers within the agency, in their desire to share with their clients the benefits of the newly organized structure of the agency.

The number of cases referred back to the agency by other agencies is exactly the same as the number of new situations referred by other agencies. It is interesting that three of the five hospital referrals are from the general Jewish hospital in the community, with whom the Jewish Family and Children's Service had had previous contacts in relation to these specific cases.

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It seems important here to point out the fact that in

the fifty-five cases studied, no case was referred to the agency by a group work agency. Perhaps this can be explained by the fact that at the present time certain of the group work agencies in the Greater Boston area are enmeshed in a process of intensive growth and expansion. However, this observation is especially significant inasmuch as the children's services of the Jewish Family and Children's Service and the Group Work Agencies serve persons within the same group.

Situations in Which Disposition was "No Case Made".

Before discussing the referral requests which were accepted for service, the writer should like to discuss briefly the five cases of the fifty-five which were classified as "no case made". Two of these requests for service were withdrawn by the source of referral, one source being an agency and the other a personal request. In the first instance the agency withdrew its referral after discussing with the Jewish Family and Children's Service their resources out of town for the care of an illegitimately pregnant girl. In the second instance Mrs. J. telephoned saying that her situation was an emergency and that she had to have a home for her adopted daughter. When a worker telephoned back, for the purpose of making an appointment, the family denied all knowledge of the case. Nothing further has been heard from them.

TABLE I

Sources of Referral of New Applications

<u>Sources</u>		<u>Number</u>
<u>Agency Referrals</u>		15
American Red Cross	1	
Court	2	
Community Agencies	2	
Health Agencies	8	
State Agencies	1	
Vocational Agencies	1	
<u>Personal Referrals</u>		7
Lawyers	2	
Self-referrals	5	
<u>School Referrals</u>		1
TOTAL		<u>23</u>

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<u>Sources</u>		<u>Number</u>
<u>Agency Referrals</u>		
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Vocational Agencies	1	
<u>Personal Referrals</u>		
Lawyers	2	7
Self-referrals	5	
<u>School Referrals</u>		
		1
TOTAL		23

TABLE II

Sources of Referral of Reopened Applications

<u>Sources</u>	<u>Number</u>
<u>Jewish Family and Children's Services</u>	9
<u>Other Agency Referrals</u>	15
Children's & Family Agencies	4
Court	3
Health Agencies	5
Institutions	1
Traveler's Aid Society	2
<u>Personal Referrals</u>	8
Lawyers	1
Rabbi	1
Self-referral	6
TOTAL	<u><u>32</u></u>

TABLE II

Sources of Referral of Rescued Applicants

Sources		Number
<u>Jewish Family and Children's Services</u>		9
<u>Other Agency Referrals</u>		15
Children's & Family Agencies	4	
Court	3	
Health Agencies	2	
Institutions	1	
Traveler's Aid Society	2	
<u>Personal Referrals</u>		8
Lawyers	1	
Rabbi	1	
Self-referral	6	
TOTAL		24

Two of the remaining three "no case made" situations involved placement requests. One mother married to a non-Jewish father wanted a home for her daughter but would accept only the same placement conditions found in a private placement.

The other placement request was for a psychotic boy. As the agency has foster home facilities only for children of normal mental and physical health (and normal intelligence), the referring health agency was advised that the family agency in the boy's home city might be able to help, if the family desired this.

The fifth "no case made" situation was a request for an adoption home for the child of a Christian mother and a Jewish father. The worker felt from the interview that the basis for the contact were personality difficulties within the family. The prospective client was not interested at the time in the services which the Jewish Family and Children's Service could offer her.

These last five cases have been discussed in some detail because the clues as to future changes in structure in organization within a social agency and within other community agencies stem from a study of all requests coming to an agency, particularly those requests where the client, for some reason, could not avail himself to the services offered.

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In Table III we have shown the referral requests in the other fifty case situations, presented at Intake Conference. By "basis" is meant the reason given by the referring person or agencies. "Illegitimacy" includes those cases involving pre-natal and/or post-natal care for unmarried mothers and placement of illegitimate children (during their infancy).

It is obvious that the two main categories are placement (thirty-four per cent) and case work service (eighteen per cent) which add up to fifty-two per cent of the total. Illegitimacy (fourteen per cent), behavior difficulties (twelve per cent) and court contacts (ten per cent) make up another thirty-six per cent of the total referrals.

The writer wishes to emphasize that none of these categories are "pure" and that they are all very much inter-related. It is unequivocally accepted, e.g., that a "behavior difficulty" referral asks for case work service.

Despite the fact that these referrals are basically all requests for service, it is necessary to realize that material aid may in some situations be a part of the case work plan. However, as material assistance is used only as a tool in the attempt to approach a case work goal, it is not being separated out from the present problem as a whole.

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TABLE III

Referral Requests of Fifty Cases Presented at Intake
Conference to which Service was Given

<u>Basis for Referral</u>	<u>Number</u>	<u>Percentage</u>
Behavior Difficulties	6	.12
Case Work Service	9	.18
Consultation	2	.04
Court Contact	5	.10
Illegitimacy	7	.14
Placement	17	.34
Report on Contact of KCS	2	.04
Vocational Help	<u>2</u>	<u>.04</u>
TOTAL	50	100%

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Referral Requests of Fifty Cases Presented at Intake
Conference to which Service was Given

<u>Referrals</u>	<u>Number</u>	<u>Percentage</u>
Behavior Difficulties	6	12.
Case Work Services	6	12.
Consultation	2	4.
Court Contact	2	4.
Investigation	7	14.
Placement	17	34.
Report on Contact of NCJ	2	4.
Vocational Help	2	4.
TOTAL	50	100.

TABLE IV
Relationship Between Sources of Referral and Referral Requests

<u>Referring Agencies</u>	<u>Behavior Difficulties</u>	<u>Case Work Service</u>	<u>Consul- tation</u>	<u>Court Contact</u>	<u>Illegit- imacy</u>	<u>Place- ment</u>	<u>Report on Contact</u>	<u>Vocation- al Help</u>	<u>Totals</u>
1. Children's & Family Agencies		1				2	1		4
2. Community Agencies						2			2
3. Court				5					5
4. Health Agencies		4			1	7			12
5. Institutions							1		1
6. Jewish Family & Children's Services	3		2		1	4			10
7. Personal	2	1			5	2		2	12
8. School	1								1
9. Traveler's Aid Society		2							2
10. Vocational Agencies		1							1
TOTALS	6	9	2	5	7	17	2	2	50

It is interesting to note that of the fifty cases presented at intake conference, twelve were referred by health agencies. Of the twelve personal referrals, five, a greater number than the number of any individual group within this category were situations involving illegitimacy. Of the twelve referrals from health agencies, seven (a majority) were referred for placement.

Of the ten "referrals" from within the agency three cases involve behavior difficulties, four involve placement, and one involves illegitimacy. Two cases were presented for consultation. These figures are interesting because they show that staff members were using the Intake Conference for the purpose for which it was set up, which is the clarification of the structure of the agency.

The Disposition of Cases

Before discussing Table V, we must remember that age, in addition to service requested, is an important factor in assigning cases to one of the Children's Services of the Jewish Family and Children's Service. However, we must realize that all possible criteria were taken into consideration in setting up the limitations of each department. Therefore, an eighteen-year-old needing vocational help would be assigned to Youth Service while a twenty-one-year-old girl with a similar request would be assigned to Family Service.

TABLE V

Disposition of Cases

<u>Basis for Referral</u>	<u>C.C.S.</u>	<u>F.H.D.</u>	<u>C.C.S. & F.H.D.</u>	<u>Y.S.</u>	<u>F.S.</u>	<u>Study</u>	<u>Study Home</u>	<u>Total</u>
Behavior Difficulties	4					2		6
Case Work Service	5			3	1			9
Consultation	1	1						2
Court	1			4				5
Illegitimacy	6		1					7
Placement*	5	3		3	1	2	1	15
Report on Contact of KCS		2						2
Vocational Help				1	1			2
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
TOTAL	22	6	1	11	3	4	1	48

* Although there were 17 requests for placement, only 15 are accounted for here because 2 requests were refused; one because it required a home for a child needing specialized physical care and the other because the child was a Mongolian idiot. In both situations referral elsewhere was facilitated.

Almost one-half (twenty-two out of forty-eight) of the cases assigned were assigned to the Children's Consultation Service; almost one-fourth (eleven) of the cases assigned were assigned to Youth Service; six cases were assigned to the Foster Home Department and in only one case was the decision that of the Children's Consultation Service and the Foster Home Department handle it cooperatively.

These facts seem to indicate that the functions of the Family Service within the Jewish Family and Children's Service are well defined and assimilated within the agency and by the community, but that the function and structure of the Children's Services within this newly merged agency are still in the process of clarification, an important tool to its understanding and delineation being the Intake Conference.

CHAPTER V

SAMPLE CASE SITUATIONS

Introduction

In preference to discussing superficially the total number of cases presented at Intake Conference, the writer feels that it will be of greater value (in terms of actually presenting a vivid picture of the structure and case load of the Jewish Family and Children's Service) to study more intensively a smaller number of cases, selectively chosen for their clarification of the subject of this thesis.

*Case Situations

The case of B.L., an unmarried mother, is discussed here because it illustrates the cooperation of two departments of the Jewish Family and Children's Service (the Children's Consultation Service and the Foster Home Department) in a treatment plan involving the placement of an illegitimate child and a concurrent case work relationship with the mother. This case was referred to the agency by a city hospital and had not been previously known to the agency.

Case 1.

B.L. is a twenty-seven-year-old girl who had come to Boston after graduating from high

* The nine case summaries in this chapter were compiled by the student from the case records of the agency.

school in New York to live with friends of her family and to work here. Her early life with her family had been one of deprivation, her sister being the favored girl because she was younger and her brother being favored because of the "natural" importance of the male child in the Jewish family life. B. maintained only intermittent contact with her family. She was able to find a well paying job and soon moved into an apartment of her own. The father of the baby is a married man with a young child of his own. He is the only man she has ever gone out with and all, until the birth of her baby, she has ever been able to call "her own". Since the birth of the baby, which was Cesarean, B.L. has not seen the father and has assumed complete financial responsibility for the baby.

What was the Jewish Family and Children's Services able to do in this situation?

1. The Children's Consultation Service worker was able to work through with B.L. plans for caring for the baby. As her friends did not know of her pregnancy, the baby was placed for a six month period, during which time B.L. and her worker discussed possible more permanent plans, her feelings about the baby and the foster home(s) in which he was placed, and finally to help in arranging for B.L. to live together with the baby in a "mutual" foster home found by B.L. The worker was also able to help B.L. gain some insight into her total life situation and to understand some of the dynamics of the pattern she was pursuing, the hope being that with understanding, B.L. might be able to live a more satisfying life.

2. The Foster Home Department supervised the placement

school in New York to live with friends of her family and to work there. Her early life with her family had been one of deprivation, her sister being the favored girl because she was younger and her mother being favored because of the "natural" importance of the male child in the Jewish family life. B. maintained only intermittent contact with her family. She was able to find a well paying job and soon moved into an apartment of her own. The father of the baby is a married man with a young child of his own. He is the only man she has ever gone out with and all, until the birth of her baby, she has ever been able to call "her own". Since the birth of the baby, which was Caucasian, B. has not seen the father and has assumed complete financial responsibility for the baby.

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2. The Foster Home Department supervised the placement

of the baby in two different foster homes. This involved medical supervision, the purchase of clothing and equipment, psychological examinations, regular visits to the foster home and work with the foster mother.

The Foster Home Department worker and the Children's Consultation Service worker cooperated closely with each other during this time, as it was important for the Children's Consultation Service worker to know the realistic situation in the foster home (as seen by the worker) in dealing with the mother and her reaction to the foster home placement of her baby. It was important for the Foster Home Department worker to know of the mother's feelings in planning her own work with the foster mother.

Through the application of the principle of the "division of labor" within the structure and function of the agency, a clear sense of the total needs of this client was achieved and each department was able to assume responsibility for skillfully providing specialized services meeting her positive needs.

The case of I.F. illustrates the treatment of a personal referral for what was supposedly help in vocational planning. This case was assigned to the Family Service Department as I. is twenty-one-years old. She has been known previously to the Foster Home Department.

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Case 2.

I.F. was known to the Foster Home Department from August, 1941 (the time she arrived in this country from Austria) until August, 1946 (when she reached her legal age). At the time of her graduation from high school, I. had rejected help by the agency which would have enabled her to continue school. She had, since that time, changed jobs frequently and appeared to be intelligent, but unrealistic, in making job plans. I.'s mother is in Austria and her father died in a concentration camp so that the Jewish Family and Children's Service is the only structure upon which I, a basically dependent person, can lean. Her present request was for vocational aid so that she could start college and study medicine.

In this situation, the Family Service worker (herself a young and attractive person) was able to help I. to see that, at this point, training in the field of medicine was impractical and to discuss with her allied fields: i.e., nursing and laboratory technician's work. I. was helped to see that her desire to be a doctor was basically due to her need for feeling important and self-respected. I. came to realize, too, that these attitudes were largely self-determined. I. at present has an office job which is very satisfying to her. She is still maintaining her contact with the agency.

In this situation, we see that a client's presenting problem is often but symptomatic of other more basic needs which must be understood by the case worker and which the client must be helped to clarify for herself, if possible. The Family Service worker did recognize this elemental factor

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In this situation, we see that a client's presenting problem is often but symptomatic of other more basic needs which must be understood by the case worker and which the client must be helped to clarify for herself, if possible. The family service worker did recognize this elemental factor

and was able to give, through the technique of the direct interview, the client the help she was asking for at the time it was requested.

Case situation three is also a personal request for help in vocational planning, and the background is quite different from that in the case just cited. This request was handled by Youth Service, and we can see from a comparison of the following case material with the preceding case material how the individuality of the client molds the case work help which is given to a large degree.

Case 3.

E.P. is an eighteen-year-old girl. Her family had been known to one of the Family District offices for a number of years, and they had had a few contacts with E., who had been picked up for street-walking and picking up service men two years ago and sentenced to Lancaster School. E. had broken her first parole by leaving the state and had again been paroled from the school at the time she made her request for vocational help at the Family District Office. After discussion at Intake Conference, it was felt that because of her age and recent experiences E's requests might best be serviced by a male worker in the Youth Service Department. E. and this worker had two interviews. She was steered to the Jewish Vocational Service, the Hecht House, and the Boston School Committee after she had expressed a need for a job in order to support herself, school courses so that she might acquire certain skills and group activities so that she might meet some people her own age. After E. obtained a job through the United States Employment Service, she failed to continue her contact with the Youth Service Worker though she might well have used further help in adjusting to civil life.

Because service in this instance was on a voluntary, rather than on a protective basis, the agency was able to maintain only those contacts desired by the client. It was necessary, as it is always, to accept the client at her level and to accept the limitations thereby imposed in planning, and working towards, a case work goal.

Case situation four was also handled by Youth Service, acting this time in more of a "protective" role. This is one of the case situations classified as a court referral. It was handled by the Family Service department until its recent presentation at Intake Conference, as at the time of its original referral the Youth Service department was not yet in operation. We see, through this case, the appropriate use of the Intake Conference, namely, to clarify the structure of the agency through the presentation, discussion and disposition of case situations referred to the agency.

Case 4.

M.S. was referred by the Big Brother Association for evaluation of the home situation and for periodic reports to the Probation Office. M.S. and two other boys had been before the West Roxbury Court on complaint of indecent assault against two eleven-year-old girls in Franklin Park. The case had been continued "without findings" and the charge was finally changed to "assault and battery".

In exercising its function, the agency found that M. lived in a comfortable, middle class home. Family standards and relationships were good, and M. was the youngest of four children, two married sisters and an

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Case 4.

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been before the West County Court on con-
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In examining the situation, the agency
found that M. lived in a comfortable, middle
class home. Family standards and relations
ships were good, and M. was the youngest of
four children, two married sisters and an

unmarried brother recently discharged from service. M. was a Junior at the Boston Trade School, majoring in auto mechanics. He worked after school and week-ends at a down-town book shop and had little recreation during the week. M. was quiet at home and closely supervised by his parents and siblings.

M. and his family were upset by the court situation and anxious to cooperate with the agency.

This case illustrates the work of the agency in dealing with the abnormal situation in the life of the normal individual. M. is at present in contact with the Youth Service worker. The purpose of the relationship between the two is to work through the effects of what has already happened in the life of this young boy and to prevent the recurrence of similar situations. Thus, we see treatment operating on both a curative and preventive level.

This case was a request for placement and was referred by a community agency.

Case 5.

H.E. was a three-and-a-half-year-old Mongoloid boy child who was living in New York at the time this request came to the agency. During the Intake Conference, the plan for seeing Mrs. E. within the Foster Home Department on the basis of her request for placement was made. The worker was to help Mrs. E. with H. by accepting her, by helping her to see the importance of maintaining residence in New York (where H. was on a waiting list for an institutional placement), and at the same time to help her to verbalize any difficulties in her family situation which might have developed as a result of the birth of this child. The possibility of offering help within another

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Case 2.

H.E. was a three-and-a-half-year-old Montecito boy who was living in New York at the time this request came to the agency. During the intake conference, the plan for seeing Mrs. E. within the Boston Home Department on the basis of her request for placement was made. The worker was to help Mrs. E. with H.E. by recognizing her, by helping her to see the importance of maintaining residence in New York (where H. was on a waiting list for an institutional placement), and at the same time to help her to verbalize any difficulties in her family situation which might have developed as a result of the birth of this child. The possibility of offering help within another

department of the Jewish Family and Children's Service was also seen.

Both Mr. and Mrs. E. were seen by the Foster Home Department worker. Facilities in this community for the placement of a feeble-minded child were explored and Mr. and Mrs. E. were helped with their feelings around H.'s condition. H. at the time, was with Mrs. E.'s family in New York and they felt that they were unable to care for him any longer. As a result of further Intake Conference discussion, at this point, it was felt that Mr. and Mrs. E. needed help in further planning for the child in their own home and in relation to their own married life. Therefore, the case was transferred to the Children's Consultation Service Department. H. was brought to Boston, after becoming ill, and was placed by his parents in one of the schools which had been recommended by the Department of Mental Health in Boston. At this point, Mrs. E. did not feel that she wanted to talk further with the agency worker about her own personal feelings and the case was closed.

In this case, the contact of the agency was carried on for a relatively short period of time but was on an intensive basis. Two departments within the agency were active on it. This situation illustrates the need for flexibility in carrying out a case work plan so that the diagnosis originally conceived may be reconsidered and re-evaluated in the light of further information gained and dynamics perceived. This case was handled by the Foster Home Department while the problem revolved about the placement of the boy. When it was felt that he would be living with his parents, the case was transferred to the Children's Consultation Service. This plan did not work out as expected as H. is living away home; however, case workers must recognize the power of self-determination of their clients.

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Case situation six, handled by the Foster Home Department, was also a request for placement stemming from psychiatric recommendations within a medical agency.

Case 6.

M.G., age fourteen-and-a-half, with an I.Q. of 72 and in the sixth grade at school is an extremely withdrawn and rejected boy whose behavior, sometimes almost psychotic in nature, is due in large part to the attitudes of his mother in the home environment. So that he might be in a more desirable environment and to expedite the treatment of Mrs. G. who is seriously and acutely emotionally disturbed, foster home or school placement under certain prescribed conditions was recommended.

Because M.G. is beyond the placement age, because there was serious question as to whether he could adjust in any foster home, and because his limited intelligence negated the possibility of a school placement, it was felt by the agency (after exploration of its resources and careful consideration of the case) that the Jewish Family and Children's Service could not consider M.G. for placement.

This situation raises several points:

1. Are community agencies understanding of each other's functions?
2. Are there certain resources lacking in the community and should one agency ask another to circumvent its scope and function to meet these lacks?

Case situation seven illustrates the interplay between the Foster Home Department of the Jewish Family and Children's Service, a Children's agency in the community and the Children's Consultation Service of the Jewish Family and Children's Service in an attempt to meet the needs of the client, as she

Case situation was handled by the Foster Home Department, was also a request for placement through local psychiatric recommendations within a medical agency.

Page 6.

M.G., age fourteen-and-a-half, with an I.Q. of 75 and in the sixth grade at school is an extremely withdrawn and rejected boy whose behavior, sometimes almost psychotic in nature, is due in large part to the exclusion of his mother in the home environment. So that he might be in a more desirable environment and to expedite the treatment of Mrs. G. who is seriously and heavily emotionally disturbed, Foster Home or school placement under certain prescribed conditions was recommended.

Because M.G. is beyond the placement age, because there was serious question as to whether he could adjust in any foster home and because his limited intelligence negated the possibility of a school placement, it was felt by the agency (after exploration of the resources and careful consideration of the case) that the Jewish Family and Children's Service could not consider M.G. for placement.

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the Foster Home Department of the Jewish Family and Children's

Service, a Children's agency in the community and the Children's

Communication Service of the Jewish Family and Children's

Service in an attempt to meet the needs of the client, as the

is aware of them and desirous of meeting them.

Case 7.

J.S. is a twelve-year-old boy suffering from congenital heart disease. The case was referred to the Jewish Family and Children's Service in April of 1946 by a medical agency for camp placement with restricted activity. The Foster Home Department assumed responsibility for J.'s placement in the camp of a children's agency with special facilities for children needing extra medical care of some sort, and the agency continued its contact throughout the summer.

At the time of J's return from camp, this case was presented at Intake Conference as the foster Home Department and the cooperating children's agency felt that Mrs. S. and J. could both benefit from continued contact with the Jewish Family and Children's Service, J. needing help in developing constructive attitudes towards the limited activities necessarily imposed upon him, and Mrs. S. needing help in her management of J. For these reasons, the case was assigned to the Children's Consultation Service, after discussing this plan with Mrs. S. However, by breaking three appointments, Mrs. S. indicated that she wanted no further service and the case was closed.

In any work dealing exclusively with people, there are bound to be inherent difficulties which no degree of expertness can altogether remove. However, it is chiefly by discussion of difficulties and failures that problems are elucidated and plans for dealing with them developed.

Case situation eight was referred to the agency by a hospital who was in contact with the family because of the recent death of the father and the chronic illness of the mother.

is aware of them and position of meeting them.

Case V.

J.S. is a twelve-year-old boy suffering from congenital heart disease. The case was referred to the Jewish Family and Children's Service in April of 1946 by a medical agency for care placement with restricted activity. The Foster Home Department assigned personnel to place J.S. in the home of a child's agency with special facilities for children needing extra medical care of some sort, and the agency continued its contact throughout the summer.

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In any work dealing extensively with people, there are

bound to be inherent difficulties which no degree of expertness can altogether remove. However, it is chiefly by discussion of difficulties and failures that problems are solved and plans for dealing with them developed.

Case situation eight was referred to the agency by a

hospital who was in contact with the family because of the recent death of the father and the oncoming illness of the

mother.

Case 8.

S.P. is a seventeen-year-old girl. She was referred for "case work service". The family had been known to the Jewish Family and Children's Service and has been living on an Aid to Dependent Children allotment inadequate for the family because of the special diet required by the mother. The hospital agreed to continue work in this area.

It was felt that S. needed supportive case work treatment at this time because she was showing marked grief reaction to her father's death and had strong guilt feelings about eating for fear of depriving her mother of the fulfillment of her needs. She also felt guilty about engaging in normal activities which would necessitate leaving her mother alone at certain times. This case was assigned to Youth Service.

The Youth Service worker found it difficult at first to establish a contact with the girl without the interference of the mother and the projection of the family's difficulties into the situation. However, she was able to establish a working relationship with S., to discuss with her her present problems, to give her some insight into her behavior and the behavior of her mother, and to give her a weekly allowance for her expenses.

In this situation, we see the structure of the agency permitting the isolation of the "workable client" within a specialized setting particularly organized for the purpose of treating just such problems as evidenced by S.P.

Case situation nine was referred because D., a fourteen-and-one-half-year-old girl, was a "behavior problem".

Case 9.

Mrs. G., an immature, deeply neurotic, divorcee had been coming to the agency since 1942 with the request for help in re-establishing a home with D. At the time when the

Case 2

S.P. is a seventeen-year-old girl. She was referred for "case work service". The family had been known to the Jewish Family and Children's Service and had been living on an Aid to Dependent Children allotment independent of the family because of the special diet required by the mother. The hospital agreed to continue work in this area.

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Case 3

Mrs. S., an immature, deeply neurotic, divorcee had been coming to the agency since 1942 with the request for help in re-establishing a home with D. at the time when the

agency offered real assistance in this area, Mrs. G. is not able to carry through on the plan.

She initiated her present contact because of her concern about D. who is getting older and will soon be "boy crazy". At the same time that Mrs. G. would like to take steps to provide supervision for D., she is held back because D. is her only hope for the reconstruction of a family in which Mrs. G. sees herself as a kind of daughter rather than as a mother. As out-of-town school placement with its need for separation was discussed with Mrs. G., she became actively hostile, failed appointments, and withdrew from contact.

This case previously handled by the Foster Home Department, was transferred to the Children's Consultation Service after its presentation at Intake Conference, at the time the present contact was initiated. It was assigned for purpose of study, to see if by focusing treatment on the child the mother and daughter might be helped.

The Intake Conference, the focus of this study because the study of it enabled us to study the structure of the agency, is shown to be a "clearing house" where case situations, already within or recently referred to the agency, can be presented, discussed, evaluated, and assigned to the Department which can most adequately meet the needs of the client.

By studying the source of case referrals, we saw that

agency offered real assistance in this case, Mrs. G. is not able to carry through on the plan. She initiated her present contact because of her concern about B. who is getting older and will soon be "too crazy". At the same time that Mrs. G. would like to take steps to provide supervision for B., she is held back because B. is her only hope for the reestablishment of a family in which Mrs. G. sees herself as a kind of daughter rather than as a mother. As out-of-town school placement with the need for supervision was discussed with Mrs. G., she became actively hostile, failed appointments, and withdrew from contact. This case previously handled by the Foster Home Department, was transferred to the Children's Consultation Service after its presentation at Intake Conference, at the time the present recommendation was initiated. It was assigned for purposes of study, to see if by focusing treatment on the child the mother and daughter might be helped.

CHAPTER VI

SUMMARY AND CONCLUSIONS

The Jewish Family and Children's Service, in its present structure, is a natural outgrowth of the entire social work movement, its history being parallel to the growth of social agencies generally and its present organization a sophisticated and forward looking entity.

The present structure of the agency is representative of the present trend toward the specialization of services within a generic agency. The Departments within the Jewish Family and Children's Service - Children's Services, Family Service, and Special Services - encompass facilities for helping individuals of all ages, living within a variety of social constellations, in many of life's difficult situations impossible to face alone.

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By studying the course of case referrals, we saw that

both agencies and persons in the community are aware of the type of service available, but that the Group Work agencies in the area are not utilizing (in terms of referral of cases) the services of the Jewish Family and Children's Service. Another observable fact is that there is not a close connection between the work of the Jewish Family and Children's Service and the school systems. Perhaps a reason for this is the newness of the specialized children's services within the agency framework.

In our discussion of the situations which are "not made cases", and also later on in our presentation of sample cases, it became apparent that other agencies in the community are not fully aware of the function of the Foster Home Department of the Jewish Family and Children's Service; in that they refer to the agency children needing placements offering special medical care and children needing special care because of mental and acute emotional illnesses. This may be indicative of an unfulfilled need within the community for placements for the child who has markedly deviated from the "norm".

From our study of the referral requests made to the Jewish Family and Children's Service, we can see that "service" is recognized as the primary function of the agency.

The study of the "disposition of cases" seems to

both agencies and persons in the community are aware of the type of service available, and that the group work agencies in the area are not utilizing (in terms of referrals of cases) the services of the Jewish Family and Children's Service. Another observable fact is that there is not a close connection between the work of the Jewish Family and Children's Service and the school system. Perhaps a reason for this is the narrowness of the specialized children's services within the agency framework.

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The study of the "disposition of cases" seems to

show that the establishment of the Children's Consultation Service has validity, as it was felt (as a result of Intake Conference discussion) that almost one-half of the cases studied could best be handled within the structure and function of this service.

We might also say from our study that the use of Youth Service shows that it, too, has "reason for being". These two services (Children's Consultation Service and Youth Service) are singled out here because they are innovations within the agency, the Family Service and the Foster Home Department having well-established roots.

In the study of sample case situations, we observe that the various departments within the agency are able to work well together in case situations where cooperative case work is called for, each department assuming responsibility for what falls within its function.

Of the nine case situations discussed, one dealt with the problem of illegitimacy, two were requests for vocational help, one was a case situation involving cooperation with the court, two were requests for placement, two were requests for case work service, and one was referred because of a behavior problem. Four of these situations were new to the agency at the time of their presentation at Intake Conference, and the nine cases were disposed of as follows:

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<u>DEPARTMENT</u>	<u>NUMBER</u>
Children's Consultation Service	3
Foster Home Department	2
CCS and FDH Cooperatively	1
Family Service	1
Youth Service	3
TOTAL	<u>10*</u>

In all of these cases described, we see that the agency offered an individual consultation and adjustment service to the client in the hope that the total problem might become clarified. We saw that the "presenting problem" was sometimes not the real problem, that the agency has a voluntary and protective function, and that it operates on a curative and on a preventive level. Also a chance was had to observe the cooperation within and between agencies. These factors just discussed are as applicable to the local number of cases discussed in this thesis as they are to the nine cases more intensively discussed.

In conclusion then, we see the Jewish Family and Children's Service serving the community through the development and utilization of a structure of organization designed to isolate the curative dynamic in each case work situation so that the case work process of diagnosis, plan, and treatment might be more skillfully and most creatively applied.

* The total is ten rather than nine because case situation four was handled first by the FHD and after a second presentation at Intake Conference by CCS. This case is therefore accounted for in both of these categories.

NUMBER

DEPARTMENT

2
2
1
1
1
1
1
1
1
1
10

Children's Consultation Service
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Family Service
Youth Service

TOTAL

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In conclusion then, we see the Jewish Family and Children's Service serving the community through the development and utilization of a structure of organization designed to include the sensitive dynamic in each case with attention to that the case work process of diagnosis, plan, and treatment might be more skillfully and more effectively applied.

* The total is ten rather than nine because one situation was handled first by the FHM and after a second presentation at intake conference by CCS. This case is therefore accounted for in both of these categories.

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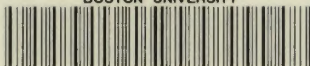
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